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PATENT
Client Reference Number: APB-2**Certificate of Transmission under 37 CFR 1.8**

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on October 24, 2006

Date

Signature

Dr. O. M. (Sam) Zaghmour

Typed or printed name of person signing Certificate

Attachments: A copy of the newly and fully executed declaration in order to claim priority under 35 USC 119 to EP 02002250.5 (2 pages).

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**Applicants:** Matthias Giese**Application Serial Number:** 10/675,444**Filing Date:** 09-30-2003**Title:** Equine Arteritis Virus Vaccine**Examiner:** Humphrey, Louise Wang Zhiying**Art Unit:** 1648**Confirmation Number:** 7837**Mail Stop:** Patent Application (Response to restriction requirements)

Date: October 24, 2006

Honorable Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

CLAIM OF PRIORITY UNDER 35 USC 119 AND NEWLY SUBMITTED DECLARATION

Sir:

Applicant in the above-entitled patent application hereby claims the date of priority of European Patent application EP 02002250.5 (EP 1346998 A1); title "Equine arteritis virus vaccine. The filing date of the European Patent application is January 30, 2002. This claims for priority to the EP 02002250.5 is listed in the enclosed newly and fully executed declaration.

Page 1 of 2. 4:48 PM. 10/24/2006-Claiming priority and new declaration. **Applicants:** Matthias Giese
Application Serial Number: 10/675,444; **Filing Date:** 09-30-2003; **Title:** Equine Arteritis Virus Vaccine.
Examiner: Humphrey, Louise Wang Zhiying; **Art Unit:** 1648
Confirmation Number: Our Reference Number: APB-2.

Best Available Copy

A certified copy of said European Patent application will be submitted shortly.

Applicant respectfully requests favorable consideration of the present application and a timely examination of all of the pending claims.

Should any official at the United States Patent and Trademark Office deem that any further action by the Applicant or Applicant's undersigned representative is desirable and/or necessary, the official is invited to telephone the undersigned at the number set forth below.

The Commissioner is hereby authorized to charge any fees which may be required regarding this application under 37 CFR §§ 1.16-1.17 or credit any overpayment, to deposit account No. 503321. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, or otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 503321.

Respectfully submitted,

By: Sam Zaghmout

O. M. (Sam) Zaghmout Ph.D
(Registration No. 51,286)

Contact Information:

Bio Intellectual Property Service (BIO IPS) LLC
8509 Kernon Ct, Lorton, VA 22079, USA
Cell Phone (703-919-4348), Fax: (703-550-0409), (703) 550-1968 (Voice/Fax)

Page 2 of 2. 4:48 PM. 10/24/2006-Claiming priority and new declaration. Applicants: Matthias Giese
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